Disc its form for general report and committee information. must be signed and submitted along with other detailed forms. Do not use this form to update information	Disclosure R	Report Cover						1	mendment Yes 🖂	
D. Committee Information Logale Information	Use this form for g	general report and committee	ee informa	ation, must	be signe	d and s	ubmitted along w	ith othe	r detailed forms.	
Rachel Thomas for Register of Deeds b. Mailing Address fineholde City, State and Zip Code) 3.75 Cuddlest. City State and Zip Code) 3.75 Cuddlest. City State and Zip Code) 2. Report Year 2. Report Year 2. Report Year 3. Period Start Date (mur/ad/yy) 4. Period End Date (mur/ad/yy) 6. Type of Committee (Check One) 2. Candidate Campaign Party Municipal State County one type of report from one category) Annual Party State County Referendum Organizational O	Do not use this for	in to update information		Mary Control of the Control						
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6. Type of Committee (Check One) Candidate Campaign	2. Report Year	3. Period Start Date (mm	n/dd/yy)	(dd/vv)			5. Treasurer	me		
Candidate Campaign				06	/30/2020		Kathleen F S	vafford		
Account Information					rt (c	heck of	nly one type of re	port from	m one category)	
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d. Period Begin Balance \$ 23.00 ERTIFICATION certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 16: ne NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this representation of the NC State Board of Elections. Kathleen F Swafford Printed Name of Signer OR OFFICE USE ONLY Date Received: Employee: Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Date Scanned: Employee: Employee: Date Date Board of Elections. Or/07/2020 Employee: Delivery Method Hand Delivered Signer has not receive mandatory training Date Date Date Entered: Employee: Employee: Employee: Date Office USE ONLY Date Postmarked: Employee: Employee: Date Date Entered: Employee: Date Once This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer.				-						
S 23,00 SERTIFICATION Certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 to NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this representation to the NC General Statutes and that I have been trained by the NC State Board of Elections. Kathleen F Swafford Printed Name of Signer OR OFFICE USE ONLY Date Received: Employee: Delivery Method Normal Mail Date Postmarked: Employee: Date Scanned: Employee: Date Signer has not receive mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer assistant treasurer.		Crittoun code			b. Purpo	se		c.	Account Code	
S 23,00 SERTIFICATION Certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 to NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this representation to the NC General Statutes and that I have been trained by the NC State Board of Elections. Kathleen F Swafford Printed Name of Signer OR OFFICE USE ONLY Date Received: Employee: Delivery Method Normal Mail Date Postmarked: Employee: Date Scanned: Employee: Date Signer has not receive mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer assistant treasurer.										
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Date Received: Employee: Delivery Method Normal Mail Date Postmarked: Employee: Hand Delivered Date Scanned: Employee: Electronically Filed Date Data Entered: Employee: Signer has not receive mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer assistant treasurer	certify that the Comr ne NC General Statute complete, true and c Kathleen F St	correct and that I have been wafford Printed Name of Signer	mmingled	y the NC S	tate Boar	other no d of El	on-disclosed fund ections. Nelled	ls. I furt	her certify that this report	
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Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer	Date Data Entered:	<u> </u>	En	nployee:	_					
custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.		custodian	of books	informatio	on, or acco	ount in	formation.			

Amendment

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No

Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Rachel Thomas for Register of Deeds 2nd Quarterly Total this Total this Start of Election Cycle: January 1, 2020 Reporting Period Election Cycle Cash on Hand at Start S 23.00 \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) \$ \$ 724.00 7) Contributions from Political Party Committees (CRO-1220) 5 \$ 8) Contributions from Other Political Committees (CRO-1230) \$ Loan Proceeds (CRO-1410) \$ \$ 10) Refunds/Reimbursements To the Committee (CRO-1240) \$ \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ S 11b) Contributions from Not-for-Profit Organizations S (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ S 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ 11 e) Exempt Purchase Price Sales \$ (CRO-1265) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ \$ 724.00 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) S 5.00 \$ 7.00 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) 5 \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements From the Committee (CRO-1320) \$ 17) In-Kind Contributions (CRO-1510) S \$ 699.00 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) 5.00 \$ 706.00 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) S 18.00 \$ 18.00 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 5 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) S 22) Debts and Obligations owed By the Committee (CRO-1610) \$ 23) Debts and Obligations owed To the Committee (CRO-1620) \$ 24) Account Transfers Within the Committee (CRO-1720) 25) Administrative Support (CRO-1710) \$ S 26) Forgiven Loans (CRO-1440)\$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ Contributions to be Refunded \$ \$ (CRO-1215)

Diahuwaan auta	Amendment							
Disbursements	Pg	1	of	1		Yes	\times	N
Use this form to report expenditures from the committee for; operating ex	xpenses.	contrib	utions to	candi	late/polit	ical		50

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	e Full Name (and F				2. ID Number		
	nas for Register of D						
3. Type of D		lease use separat	e CRO-1310 forms for ea	ch type of Disbur	sement.)		
	ng Expenses	Contributions to	Candidates/Political Committee		Coordinated Party Expenditures		
4. Payee Info			Add [Remove			
	lailing Address & Phone		b. Coordinated Committ	ee Name	d. Comments		
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	overnment Credit Un	1					
Ruthertorato	n, NC 28139		c. Level Registered (Spec				
			Federal [County:			
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					Monthly svc chg		
	Draft	K	03/24/2020	\$1.00	Monthly sve eng		
4. Payee Infor	mation		Add	Remove			
a. Full Name, Ma	iling Address & Phone		b. Coordinated Committee		d. Comments		
(include city, stat							
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Rutherfordton	, NC 28139		c. Level Registered (Specif	y)			
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	ling Address & Phone		Add b. Coordinated Committee	Remove	ED ACRES A CALADARY RANGE		
nclude city, state			b. Coordinated Committee	Name	d. Comments		
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Rutherfordton,			c. Level Registered (Specify		-		
······································	1.0. 2015)		Federal	County:			
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				\$	-		
Total only thi					\$ 5.00		
	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100) if Operating Expenses)		\$ 5.00		
(This line goes in	line 13b of Detailed Sumi	mary Page CRO-1100	if Contrib to Candidates/Politi	cal Comm)	\$ 5.00		
			if Coordinated Party Expendit	ures)			
Purpose Code	es (List detailed exp	enditure code in (h.) above)	Marin - June 1	TO A STANDARD STANDARD		
- Media - Salaries	B* - Printing F* - Equipment	C* - Fund		D - To Anoth			
Salaries F* - Equipment G - Political Postage J - Penalties K* - Office					Public Office Expenses		
- Other	- i enumes	K - Offic	- пареноев	Q" - Donatio	n to Legal Expense Fund		
Codes require	detailed explanatio	n in required re	marks field (k)				